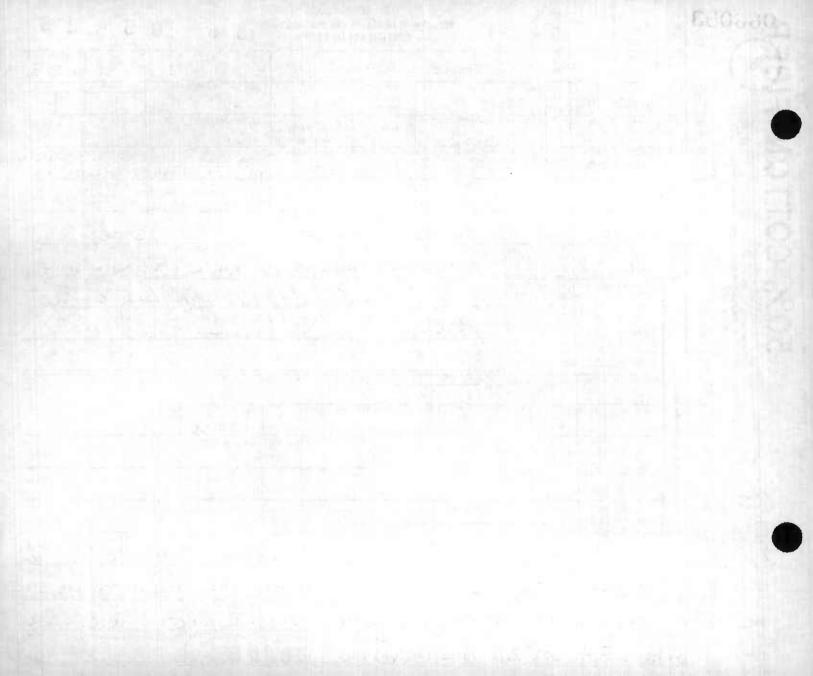
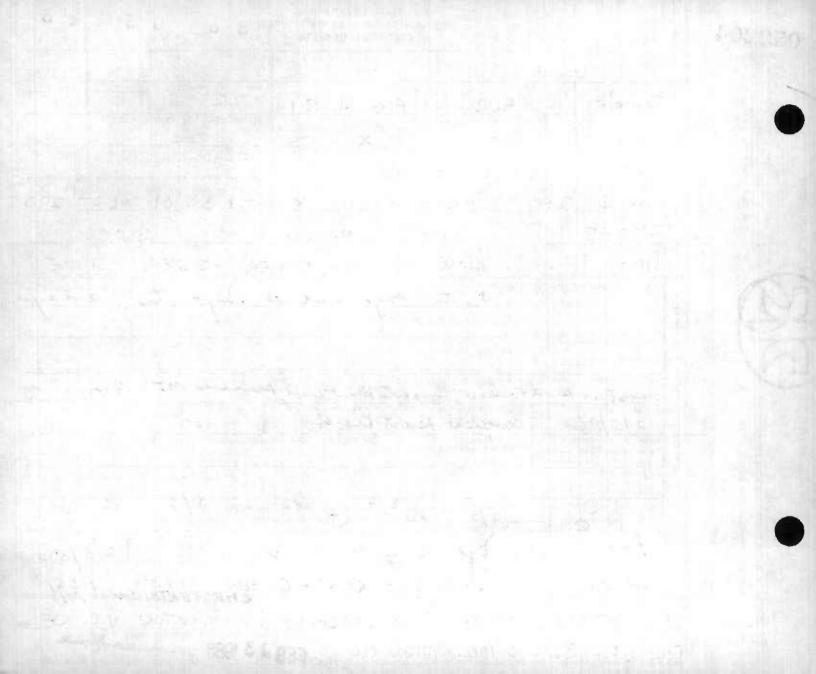
066083	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	054	2 5
(8)	1. DECEASED NAME FIR		LAST		MONTH DAY YEAR 2	No HOUR
. ( )	Sa		Conver			4:05 a <sub>M</sub>
200	1 SEX	4 RACE	S DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTI		HOURS MIN.
	Female	White	3 27 04	81	YRS	
11/25	BIRTHPLACE (STATE OR FOREK COUNTRY)  PA	United States	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF	COUNTY OF DEATH	MD.
	Chestertown	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Kent & Queen A:	NG HOME OR OTHER INSTITUTION TADDRESS) The 's Hospital	120 USUAL OCCUPATION OF THE POULTRY	WORKING LIFE) INDUSTRY	BUSINESS OR PERP
AND THE	Md Q	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFO COUNTY 13c CITY OR TON Ueen Anne's Millin	yes NO P	Rd. 290 Box		
MARYL Cond.2	THOMAS	MIDDLE	S MAUDE	WIDDLE	SLOEY	
MORE.	WAS DECEASED EVER IN U	S ARMED FORCES? 166 SOCIAL SEC YES GIVE WAR OR DATES) 166-05		ADDRES MAYERNICK	- SISTER -	SAME
b5. 201 W. PRESTON S julies that the death carl signed by the attending hen please cocks on burial, cremotion, ar as jury, ac other traumotic e	Canditians, if ony, wh gave rise to immedia the late of the stating and late of the stating cause to	DUE TO, OR AS A CONSEQU	D Hypri	MINAL DISEASE OR CONE	ITION GIVEN IN PART 110	
DIVISION OF VITAL RECORDS, 20 DIVISION OF VITAL Base (requires to otherstating physician. The law (requires the first flux certificates be met. Then pie in and Mental Hygiene prior to burian orked or them. It shapes any onjury, or others or the law orked or them. It shapes any onjury, or	190 DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	GS USED OF DEATH?
ICLAN I	21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJUR	'IN ITEM 18 PART 1 OR PART ?)	
OIVISION offer this fee this on the Eu th and M	(IF EITHER, NOTIFY MEDICALE)  21d INJURY OCCURRED  NOT WHITE AT WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM. ETC.)  21f LOCATION STREET	CITY OR TOW	N COUNTY	STATE
OSPITAL OR ATTEMDS and by the hospital or tuned by the hospital or tuned to definitely define use the Storic Degr. of Health Operant: if them 21 is not	saw the deceased all above. (I) (we) (did) ( 22b SIGNATURE  22d PHYSICIAN'S NAME	did not) view the body after death.  (TYPE OR PRINT)	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	EDICAL STAF	22c. DATE SM	uses stated
1 0 0 0 d	MICHAEL	BEY MD	UNICORN M		MILLINGTON I	MD 2165
BP	230 BURIAL, CREMATION, REM (SPECIFY)		NAME OF CEMETERY OR CREMATORY ILVERBROOK CEM	23d LOCATION CITY OR TOWN WILMING	STON COUNTY	DEL.
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR				Sb. REGISTRAR'S SIGNATUR	RE
(VPA 15 4)	- VI NAME TH	DAV 2:10 MAI: LA		26 1006	Band	082



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Elizabeth **NMN** Day 86 11:38Am 1 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR TEMAIL TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED | WIDOWED Kent CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Chestertown Kent & Queen Anne's Hospital BUIL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

136 COLLY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYLAND MILLINGTON FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE HOMA MAUDE IM. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) - SISTER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN BART 110 190 DAJE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (11) (this hospital) attended the deceased from the deceased alive on the body after death (our) opinion death occurred on the date and hour and from the causes stated 226 SUBNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 72e ADDRESS REMATION, REMOVAL 23b DATE DHMH - 16 60M 7/84 BOX 270 MILLINGTON (VRA 15, 4)

STATE OF MARYLAND



FOR - STATE REGISTRAR

1 DECEASED NAME

JOSEPHINE CARPENTER

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ELSTON

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REG. NO 20 DATE OF DEATH MONTH

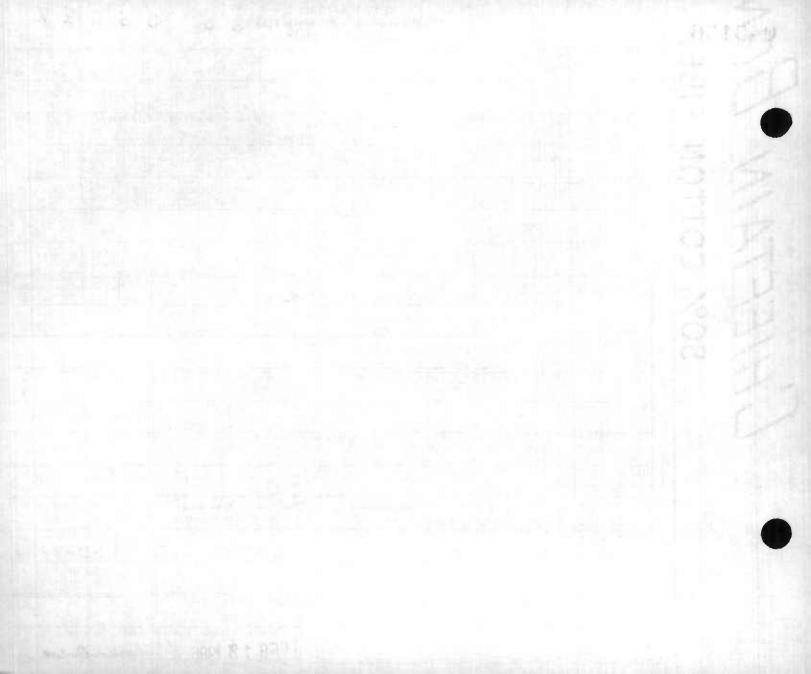
February 10, 1986

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ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 happen after death range 4 m	nospital or attending physician.	(ECLOR After this certificate has been signed by the attending physician and competent and the transfer of ectar. It	ed for use as the burial-transit permit. Then please remove carbon papers. Poor in the form of the first mental	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

4411	3 SE	(	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR IF UNDER 24 HRS
		Female	white	June 24, 1896	80	ONTHS DATS HOURS MIN.
/	To BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH
8 4	Ke	entucky	USA	MARRIED NEVER MARRIED WIDOWED NORCED	Kent Co. Me	a
30		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
6		nestertown		Nursing Center	THOMEMAKER & m	usic Teacher
6	13a. S Ke	entucky 136 CO	OR OTHER SIVE RESIDENCE BEFORE JUST 134 CITY OR TOW Bardst	OWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 104 Mockingbi	99999 ra Lane
90	FA	Dr. J. G. C	arpenter LAST	Lillie H	umber	LAST
67			RMED FORCES? 166 SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDR Washin	ngton Ave.
	No		407 50	5825 Carolyn E	. Noerr Cheste:	rtown, Md.
		0.07. 05. 711.14/46 6411/	only one cause per line far (a), (b), an	dic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
H		PART I. DE ATH WAS CAUS	ATE CAUSE (0) Residuals	of Massive Stroke		
			DUE TO, OR AS A CONSEQUE			
ì		Conditions, if any, which	( b)			WIEST THE S.
70		gave rise to immediate couse to, stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
3.6		underlying cause last	(c)			E. P. S. S. S. 103
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART Ita
	ON					
1)	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
6	TE				YES NO YES	
0	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT   OR PART 2)
7	AL	OR CONTRIBUTING CAUSE OF E	EATH	19		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	×	AT WORK NO! WHILE	(AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC ) STREET	CITORIOWN	21916
			pital) offended the deceased fram_	12-25 19 85		9. 86 , that (1) (we) last
		saw the deceased alive of	0.20	86_, and that in (my) (aur) opinion (	death occurred on the date and hour	
	- 33	22b SIGNATURE	or view the body after death.	DEGREE		22c. DATE SIGNED
		(2/Lel	1 Nter.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2-11-86
1		226 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	3 SWEETOK [] FRISICIAN []	2 22 00
		Poher	t W. Farr	Chastarta	m Ma 21620	
1	23a F	URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	vn. Ms. 21620	
E		iai		ardstown Cemeter		OUNTY STATE
	24 FL	HERAL DURECTOR	()()	25a DAT	E REC'D. BY REGISTRAR 256 REGISTR	
/B4	1	7 ( MAM)	1) 0 / s chest	tertown, Md. FFE	1 3 1986 Polia Da	ridson Randose
					1 1 3011	THE PARTY OF THE P



	1 - 5	OR TATE EGISTRAR FI	SHER		CERTIF	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	REG.		4 2 8
1.	DECE	ASED NAME	IFIRST	WIDDLE	ı	ASI	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR
		R	obert	Bruce	Fi	Sher	2/5/86		10:34
1	SEX		4,	RACE	5. DATE C		6 AGE   IN YEARS LAST		
1	Mal	e		White	Sept		82	YRS DA	HOURS MIN
1		HPLACE LIBER OR	OREIGN 76	CITIZEN OF WHAT COUNTR	Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
9	414	yland		USA	WIDOWE		Kent		A
10	# CITY	OR TOWN OF DEA	ATH 11	NAME OF HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA		D OF BUSINESS C
21	Che	estertown		Kent & Queen	Anne's	Hosp. Inc		r= whiske	
25				HER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION)				1101
	Mar	yland	Wico			134 INSIDE CITY LIMITS?	13e STREET ADDRES		rive
-	_	ER'S NAME		- 6c 1		15 MOTHER'S MAIDEN N		may wood D	TIVE
24	Joh	n A. Fi	sher	DLE LAST		Mary Ma	MIDDLE		LAST
V	60: WA	S DECEASED EVER		D FORCES? 166 SOCIAL SE	CURITY NO	17 INFORMANT		RESS	216
12	117		JIF YES, GIVE W		2099		T Till I	irch Run Chesterto	Road
		Conditions, if any, gove rise to imm couse (a), statin underlying cause	nediate ig the	DUE TO, OR AS A CONSE	LIENCE OF	Conde	our our	ele	
7	NO	ART 2. OTHER SIGN		NDITIONS CONTRIBUTING T	-	NOT RELATED TO THE TEL	200 AUTOPSY?	206 IF YES, WERE FIN	IDINGS USED
7	E		14,510				YES NO	YES	NO [
0	2	a ACCIDENT WAS UND		216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCC	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I OR PART	2)
4	⋖	OR CONTRIBUTING (		P.M.	19	TO D			
/	MEDIC	I INJURY OCCURE	RED	21e PLACE OF INJURY	F F . D. L. E . C	211 LOCATION	CITY OR	IOWN COUNTY	STATE
	<b>2</b>	WHILE NOT WH	RK R	TAT HOME STREET PACTORY OFFIC	E PARM EIC	3,000			
	2:	saw the decease abave, (1) (we) (c	(this hospital	ottended the deceased from	, or	, 19	n death occurred on the		, that (I) (we) lo the couses stated
		2b. SIGNATURE	3			DEGREE ATTENDING PHYSICIAM	MEDICAL ST DIRECTOR PHYS	AFF _ 7	6/86
	2	DO PHYSICIAL S N				22e ADDRESS		1	/
/		MI	chael	Bey		Millingto	n. Md.		

23b DATE

Millington, Md.

23c NAME OF CEMETERY OR CREMATORY

2/10/86 Dulaney Valley 23d LOCATION
CITY OF TOWN
Timonium Monium Md.

BY REGISTRAR'S SIGNATURE

Chestertown, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

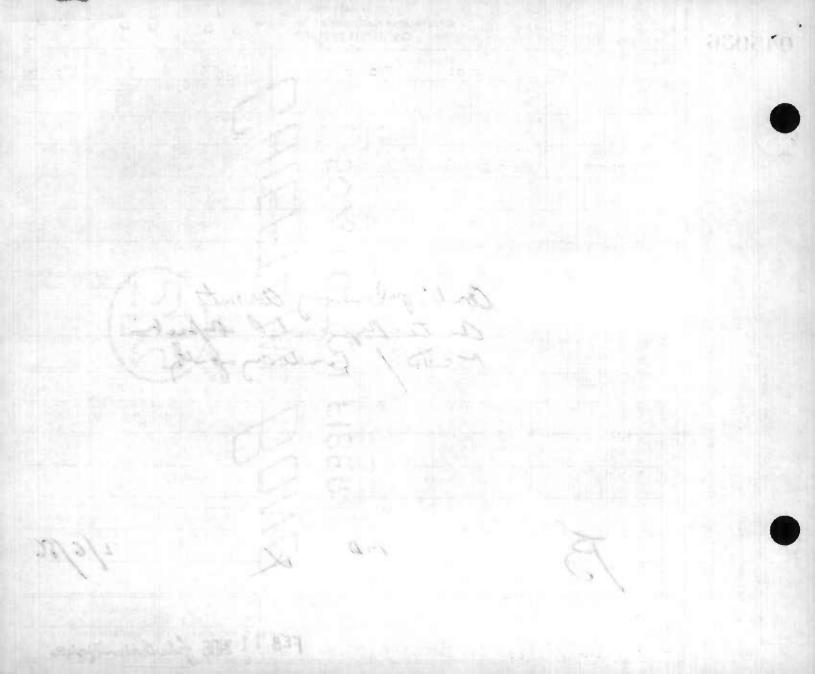
230 BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

COUNTY

STATE



# STATE OF MARYLAND

	-	1900		03	5
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055101	1.	FOR STATE STATE STATE		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 6	0 5	429
2	DE	CEASED NAME FI	RST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY Y	AR 26 HOUR
1 60		Cha	rles B	radley	Ke	err	February	1, 1986	М
1 %	3.563		4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BE		YEAR IF UNDER 24 HRS
and		Male	Whi	te	Aug	ust 5, 1902	83 YRS.		
2 50 P	Pa. Bl	RTHPLACE IN ATE OR FORE	GN 76 CITIZEN OF	76 CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEA	TH
1 11 50		Maryland		SA.	WIDOW	DIVORCED	42 1. /3	nty	MD.
1 31	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPAT		ND OF BUSINESS OR
( n 1 8)		Chestertown	Kent Q	ueen Anne	Hosp	ital	Waterman	5. 110441110 (11 6)	JIKI
U BS	130 5	AL RESIDENCE (IF NURSING TATE 136	COUNTY  Kent	13t. CITY OR TOV ROCK HS	NN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS General	ZIP CODE Delivery	21661
1 10 1/	11. F.	THER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN N	AME		LAST
2 16/1/	2	Charles Geo:	rge Kerr			Martha A	nn <b>kenn</b> Gl	enn	(43)
P P P		VAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS MI	21661
1 1 1	- 3	No		220-16-	9937	William C. F	Kerr P. O.	Box 122	Rock Hall
quees that the s signed by the a the please error bary, or other to	N	gove rise to immedicouse (a), stating underlying cause I	the DUE TO, (c)	OR AS A CONSEOU		NOT RELATED TO THE TER	minal disease or con	IDITION GIVEN IN PA	RT Iro
Part of the second	THEATION	190 DATE OF OPERATION	N 196 CONE	DITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN CERTIFYING CA	
PHYSICIAN T bending physician This cent house the buriol from and Mental Hyp ed or frem 18 Wh	MEDICAL CER	710. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E 21d INJURY OCCURRED	E OE DEATH HOUR A	OF INJURY  A.M. MONTH D  P.M.  OF INJURY  TREET FACTORY OFFICE	19	216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		
ATTENDING sparted or of CTOR. After 10s snearch of Health or 21 st marks		220   certify that (1) (this sow the deceased a above, (1) (we) (did)	s hospital) attended t	19	86 .	nd that in (my) (aur) apinion	, ta, ta an the d	ate and haur and fran	mar (i) (we) last
74 OF TAL OF WAY THE NO CONTROLLES DEST		226. SIGNATURE	. Ulm		n		MEDICAL STA	FF	DATE SIGNED
O HOSFIT or fundition of the Share of the Sh			Jun, M. D.				& Queen And tertown, Ma		
e control e	23a B	URIAL, CREMATION, REA				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	02-03	–86 We	esley	Chapel Cemete		ll Kent	MD
5111111 14 4544 7454	24 FL	JNERAL DIRECTOR				25a. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIG	SNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Tom Helfenbein Funeral Home, Rock Hall, MD 21661FR 1 0 1086

whice Knevidoon-Randalles

Labrance I. Hand Tangers | Delication of A special Company of the Co CHENT I'm NOO KINGHAM INDUM WICHW OUT IN ISTUM des noltenares cometat tone, nove past, les 21651 a montre la come

## FOR - STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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- 2		OR PRINTS	FIRST						Ze DA	TE OF DEATH	MONTH	DAY YEAR	26 HOUR
6			Sarah		Catherine	L1	rely				2-	10-86	3:00 PM
- 1	2.587	<u>~</u>		4 RACE	,	S. DATE O	OF BIRTH		6 AGE	(IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	F	EMA	15	0	ACK	MON	ST DAY	1 Q / L		71		MONTHS DAYS	HOURS MIN.
	PC 0	ATHPLACE ISTA		75 CITIZENI C	OF WHAT COUNTRY?	BAT.	2 60 1		D RAIT	IMORE CITY	YRS	TY OF BEATH	
L	- 6	CUPYON	TE ON FONE IOIA	11	Λ. 2	MARRIE	D NEVER	MARRIED -	1			I O DEATH	
2		Laca		0.	114	WIDOWE	The state of the s	DIVORCED [		N.	ent		MD.
1	III CI	TY OR TOWN OF	FDEATH		F HOSPITAL, NURSI		OR OTHER IN	STITUTION		UAL OCCUPAT			F BUSINESS OR
1	Ch	estertow	m		& Queen A		Uocnie	- 0.1	12	-A 60		UA	Risus
71	MESU/	AL RESIDENCE IN	NURSING HOME OF	OTHER INSTITUTE	ON GIVE RESIDENCE BEFOR	RE ADMISSION)			1			- 22	11.25
6	134.3	TATE	13b COU	SN ANT	130 CITY OR TOV		1	CITY LIMITS?	13e STR	EET ADDRESS		DEC 1	127.5
	eren .	1.	19	-10 [J]F[	51 6 4104	- [7	YES X	NO 🗆		NAIN	201	2 , 10	/
1	Je Je	THER'S NAME		MIDDLE	1 IAST		13 MOTHE	R'S MAIDEN N.	AME	MIDDLE	- 1	LAS	at .
U.	1	N: 111	Am		2, VEY	V	1	ANE			He	1244	37
n		AS DECEASED				UPITY NO.	17 INFORA	AANT US!	1	ADDR	99/12	~	
/	1	ES, NO OR UNKNOW	(IF YES, GIV	E WAR OR DATES	215-16-	1040	an'	المرار في	11/2	7000	201		1
								0,7.	$\Rightarrow$	10.1	VE1.	APPEOV	IMATE INTERVAL
		PART I. DEA	DEATH   Enter or TH WAS CAUSE	ly one couse p DBY.	per line for io), (b), or	1	1 1 3	111				BETWEEN	ONSET AND DEATH
4			IMMEDIA"	TE CAUSE (0)	Ventreu	lan y	will	ateon	100			1	
		Auto Inc		DUE TO.	OR AS A CONSEOU	ENCE OF			1				
	20	Conditions, if	ony, which	( (6)	alteras	clero	tu 1	Geart	- Ors	less	_		
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		underlying o		DUE TO,	OBAS A CONSEOU	ENCEOF	Conpo	rtue	Loc	1 - A	ulur	4	
3		0.007.0.071150	Charles and	(c)	Tex more	201		2.000	1.1	-01			
	z	PART 2 OTHER	SIGNIFICANT	ONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATE	ED TO THE TER.	MINALDIS	SEASE OR CON	DITIONG	IVEN IN PART 10	0
de.	CERTIFICATION	Ona	neres i	-uccu	Comp								
1	CA	190 DATE OF OF	PERATION	196 CON	IDITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a	AUTOPSY?		ES, WERE FINDING	
	TE	00310130							YES	ON O		YES [	NO 🗆
0	E E	210. ACCIDENT WA	AS UNDERLYING		OF INJURY		21c. HOW	INJURY OCCU	RRED (EN	TER NATURE OF INJE	JRY IN ITEM 18	PART I OR PART 2)	190010
1			CAUSE OF DE	(10)	A.M. MONTH D		11-						
	MEDICAL	714 INJURY OC	CLIPPED		P.M. E OF INJURY	19	71f LOCAT	ION					4
	MEI		OT WHILE		STREET FACTORY OFFICE	FARM ETC )	STRE			CITY OR TO	NWO	COUNTY	STATE
			AT WORK						/				25-1-17
		220 I certify the	ot (1) (this hospi		the deceased from	2/	U		to_	2/10	7	1906	that (I) (we) lost
			reesed alive on we) (did) (did no		dy after death	16 ,01	nd that in (m	y) (our) opinior	n death ac	curred on the d	ate and ha	our and from the	couses stated
		776. SIGNATUR		, view the oo	dy oner deam.		DEGREE					22c. DATE	SIGNED
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1		22d. PHYSICIAN	S NAME (TYPE C	IR PRINT)		/	220 ADDRI		LIPDIREC	TOR PHYSI	LIAN	17.	-
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		/	1/4 /	. 66 1-	U CUIV		200	17499	UT.	uncs	nico	W.	4. 216

236 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR After should be detached for use as with the State Dept. of Health

mjury, or other troum

IMPORTANT. If hem 21 is marked or them 18 show

(VRA 15, 4)

24 FUNERAL DIRECTOR

236 DATE

230 BURIAL, CREMATION, REMOVAL

MALE-FEMALE BENGEN

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
FFR 1 3 1008. Fulla Davidson Andres

#### STATE OF MARYLAND

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3	5	U	2	Regi	U	
	REG. NO.					

				STATE OF MARYLAND			dead.
	1 -	FOR STATE REGISTRAR MASTERS		RTMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	0 0	0 5	4 3
136	DEC	EASED NAME FIRST	MIDDLE	LAST	REG. NO		AR 2b HOUR
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3	SEX	Margery	I RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		
	Jer	Female	White	MONTH DAY YEAR		MONTHS	DATS HOURS
7.0	BIR		L CITIZEN OF WHAT COUNT	RY? 8 24 92	9 BALTIMORE CITY O	R COUNTY OF DEAT	TH.
1/	000	DUNTRY		MARRIED   NEVER MARRIED	/ .		
34		YORTOWN OF DEATH	1. NAME OF HOSPITAL NUE	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	77 126 KI	ND OF BUSINESS
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COL	مهندا	LRESIDENCE (IF NURSING HOME OR O	Magnolia		nouse	WITC	
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20		FIRST	IDDLE LAST	FIRST	MIDDLE		LAST
101		Louis Mountne		Mary Tobe	ADDRE	C C	
/ 16			WAR OR DATES) 166 SOCIAL S	c / C/ 5	1064	Rivervie	w Rd
1		No no	102-00	Madge Croc		ertown.	Md
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far ia , (b)	and ich I/Calki		BETY	PPROXIMATE INTERVI WEEN ONSET AND DE
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME EAST. 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 2 19 86 12:51am Robert Gerald Mvers 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3 SEX & AGE IIN YEARS LAST BIRTHDAY e 30 1900 YEAR white Male June TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Kent WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Kent & Queen Anne's Hosp. Inc. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Chestertown Retired Auto Dealer USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE St. 21620 Md. Kent hestertown YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Phillip Myers Carrie Moffett 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 166 N. Water St. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Dorothy W. Myers no Chestertown, Md BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDIOPHLMORY AMRESS T DUE TO, OR AS A CONSEQUENCE OF ACUTE IN MASSIVE INPAREGRA MYDIARDIRE Conditions, if any, which gove rise to immediate cause to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last COBONATOY A139334 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from

4. COLLIER

2/22/86

HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

CITY OR TOWN

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

and that in my) (our) opinion death accurred on the date and have and from the causes stated

COUNTY STATE

22c DATE SIGNED

saw the deceased always above (h'(y'e) (did) (did not) view the body after death.

MEDICAL

FOR

mo

22e ADDRESS

ATTENDING

CHESTERTOWN, MA

FUNERAL DIRECTOR

VIEG INAH 230 BURIAL, CREMATION, REMOVAL

Burial

Chester Cem.

Chestertown, Md

231 NAME OF CEMETERY OR CREMATORY

June

DEGREE

Chestertown, Md.

STAFF

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

id b

which Davidson Randelle

FEB 2 1 1988 | Alexander Species

uneral director, page 3 hin 72 haurs ofter death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

# 1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		200	- 56	170-19	- 1
6	U	5	कंपा	5	Ú
REG. NO.					

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO				
	CEASED NAME FIRST		MIDDLE		AST CAST		HINON	DAY YEAR	26 HOUR	_
ITYPE	OR PRINT)	liam	Bryan	Newm	an	February	12,	1986	6:50	P
3. SE	(	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY	IF UNDER 1 YEAR	IF UNDER 24 H	HRS WIN.
	Male	White		12°/15/1915 YEAR		70	YRS	MONINS DATS	HOURS	IIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN C	F WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY OF	COUNT	Y OF DEATH		
Or	naha Neb.	USA		WIDOWE		Kent		MD.		
10 C	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATIO			F BUSINESS	
C	nestertown		ouch facility, give street and & Quee		es Hospital,	Inc Sewer	~-			
	TZ	ME OR OTHER INSTITUTE OUNTY ent	DN GIVE RESIDENCE BEFORE 13c CITY OR TOW Chester	/N	13d INSIDE CITY LIMITS?	R D Wilki	ZIP COD	aner 2: Lene	1620 terto	wn
14 FA	THER'S NAME	WIDDIE			15 MOTHER'S MAIDEN NA	ME		InI	/	
rth	nur Newman	WIDDLE	LAS1		Pearl Wi	Ck MIDDLE		LAS		
16a V	VAS DECEASED EVER IN U.S			JRITY NO.	17 INFORMANT	ADDRE	ss Co		Fla	
Yes	S WW 2	S. GIVE WAR OR DATES)		5121	Marvin Lan	ger <sup>3045</sup> Ma	rin	ers Co	ve Dr	ive
CATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO,  DUE TO,  DUE TO,  DUE TO,  Control  DUE TO,  Control  Con	OR AS A CONSEQUI	ENCE OF	Cover our  refe Ant  NOT RELATED TO THE TERM	CONTRACTOR OF CO	20b. IF YE	cl	IGS USED	
TIE						YES NO		ES [	NO [	
MEDICAL CERTIFICATION	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURTS)  WHILE NOTIFY MEDICAL EXAMINATION OF COURTS  WHILE NOTIFY MORK AT WORK	MINER) HOUR	OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET FACTORY, OFFICE, F	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUR		PART 1 OR PART 2} COUNTY	STATE	E
	22a I certify that (I) (this h	ospitol) attended	the deceased from_		, 19	, to		. 19	that (I) (we)	lost
	sow the deceased alive above, (I) (we) (did) (di	e on d not) view the bo	dy after death.		nd that in (my) (aur) opinion (	death accurred on the da	te and ha	or and from the	causes stated	d
	MY SKISHAFURE	7			BEGREE			22t DATE	SIGNED	
	100 min	100		En	ATTENDING PHYSICIAN X	MEDICAL STAF		2/1	3/86	
	Patric	k A. Mo	lony		Inc	ertown, Mo				
	SPECIFY)		23c. I	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATI	E
-	Crematio	n 2/13	/86 Si	lver	brook Crema		ning	ton, D	el.	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and cashould be detached for use as the busial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

retoined by the hospital or attending physicion.

BP.

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is morked or Hem 18 shows

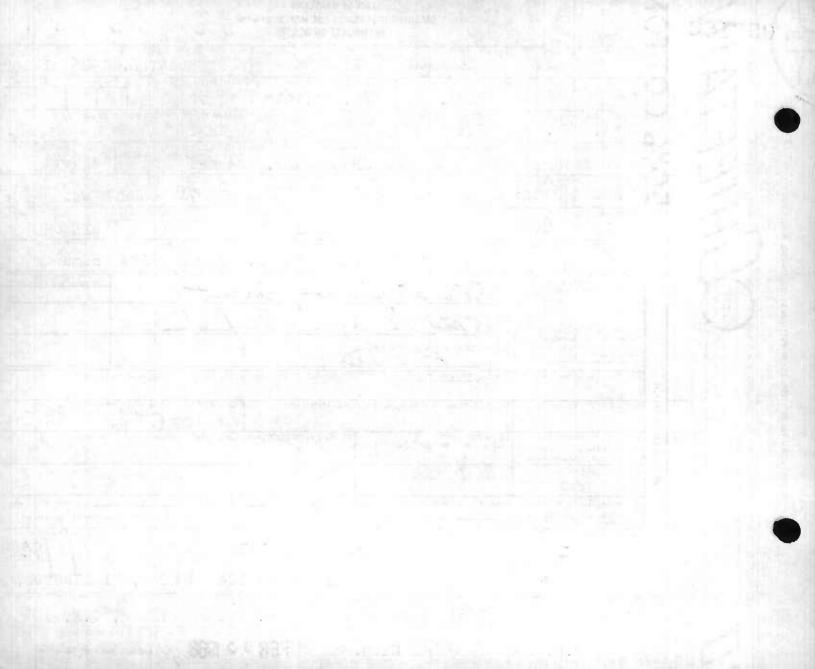
24 FUNERAL DIRECTOR Chestertown, Md.

Silverbrook Crematbry Wilmington, Del.

25 Date REC'D. BY REGISTRAR 258 REGISTRAR'S SIGN BY REDRESS PESTER TOWN Md. FEB 18 1986

368 a a 638

(VR A 15 (4))



	4 m	or, p
	OSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 mc ed by the haspital or attending physicion.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p d be detached for use as the buriol-transit permit. Then please remave carbompapers. Pages 1 and 2 should be filed within 72 hours after
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	vires 1	igned en ple
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	OSPITAL OR ATTENDING PHYSICIAN: The I ed by the hospital or attending physician.	UNERAL DIRECTOR. After this certificate has been signed by the of d be detached for use as the burial-transit permit. Then please remo
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MPORT,

Burial

24 FUNE NATORECTOR

2/20/86

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE PORTER CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH DECEASED NAME FIRST MIDDLE MONTH 7h HOUR TYPE OR PRINTS 2 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAYS HOURS 15, Female 1921 white May 64 I BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Maryland MARRIED NEVER MARRIED MSA Kent WIDOWED DIVORCED | IL CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Rock Hall At Home Liberty St. Nurse Retired R N. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Marvland Kent Rock Hall Liberty St. 21661 YESX X NO [ 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Andrew J. Towers Audra Judy 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Liberty Rock 21661 Yes WW 219 05 6550 Maynard Porter APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for(o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20s AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO F CERTI 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE WHILE AT WORK 220 I certify that (I) (this hospital) attended the deceased from, 62 1985 sow the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death 226 SIGNATUR DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN'S 22e ADDRESS 23e. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

(hestertwon, Md.

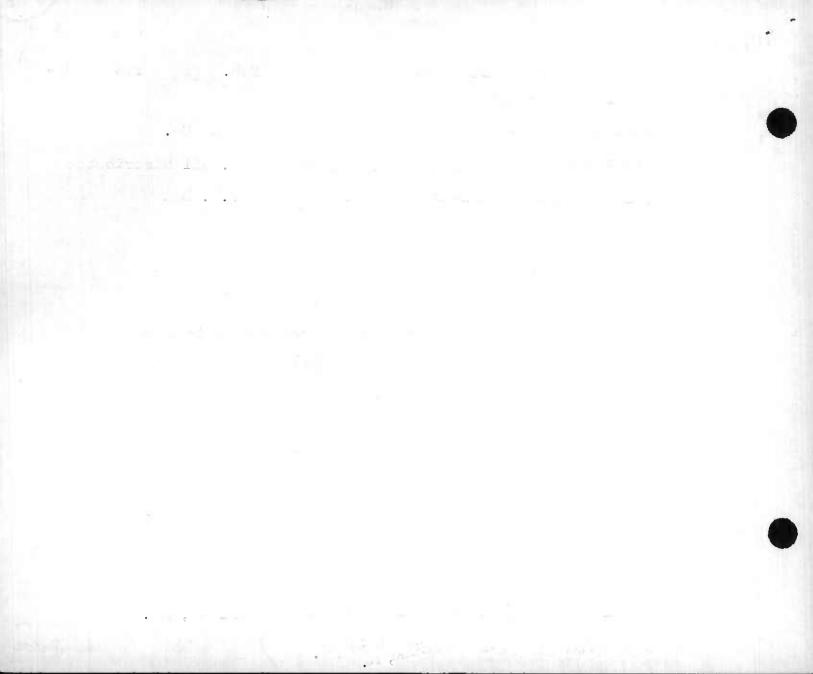
Cem. Md. Eastern Shore

Hurlock

Md.

DHMH-16 30M 2/80 (VRA 15, 4)

FEB 21 1950 Co. Sept. E. Topani



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11/	REGISTRAR			CERTI	FICATE OF DEATH	REG. NO.		
100	DECEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR	
VI	CHI CHI PROVID	Garret	t Otto	Schi	ldwachter	Febr	uary 18,1986 4:4	43 <sup>A</sup>
10	5EX	4	RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA		a HRS
Y	Male		White	Apri	1 18, 1908	77	YRS. MONTHS DAYS HOURS	MIN.
10	BIRTHFLACE (LIATE	OR FOREIGN 7	CITIZEN OF WHAT CO	SUNITRY2 8	ED A NEVER MARRIED	9 BALTIMORE CITY OR C		
51	Maryland	91/05/4	U.S.A.	WIDOW		Kent Co	unty	AAD
10	CITY OR TOWN OF	DEATH I	1. NAME OF HOSPITAL	L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION		MD.
5/1	hastartor	n /	(IF NOT IN SUCH FACILITY,		nnas Ussaital	The OF WORK FOR MOST OF WO		
-	Chestertow SUAL RESIDENCE (IF)		THE KEIL ALL		nnes Hospital	Inc Retired	A.S.Abell (	20-
110	o STATE	136 COUNT		ORTOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI		
0	Maryland	Ker	it [Che	stertown	YES NO X	214 Richard	d Dr. 21620	
40	FATHER'S NAME	An:	IDDLE	LAST	15 MOTHER'S MAIDEN NA	WE	LAST	
TU	William	F.	O. Schile	dwachter	Ethel		Garrett	
16	WAS DECEASED EN		ED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS		
	No	[IF 165, GIVE		-03-3145	Ruth Schild	wachter - Same	e as #13e	
F	LIS CALISE OF DE	ATH Enter only	one cause per line for it	a) (b) anduc		4 0	APPROXIMATE INTERV BETWEEN ONSET AND D	AL
1	PART I DEATI	H WAS CAUSED	BY.	nita.	e F	Mar Islat	RETWEEN ONSET AND D	- I
		IMMEDIATE	CAUSE (a)			-0009	2-1 10 200	201
101			DUE TO, OR AS A CO	ONSEQUENCE OF			4	
	Conditions, if a		( b)					
	gove rise to cause tot, st		DUE TO, OR AS A CO	ONSEQUENCE OF	- 4-	1	35 1 1 1 1 1 1 1	
	underlying co	iuse last	1 Cor	ond	arter	n Usen	se 5 nec	er
	PART 2 OTHER S	IGNIFICANT CO	ONDITIONS CONTRIBU	TING TO DEATH BU	NOT RELATED TO THE TERM	ANAL DISEASE OR CONDITI	ON GIVEN IN PART 16	
3		mest	re des	at El	-0 -0	)		
3		HATION	196 CONDITION FO	R WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED	
1 8						IN	CERTIFYING CAUSES OF DEATH	
4	21 ACCIDENT	INDERIVANCE T	TAIL THE OF BUILDING		121. HOW BUILDING COOK	YES NO	YES NO	
113	21a ACCIDENT WAS		HOUR A.M. MO		ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
1 3	CONTRACTOR - CONTRACTOR		P.M.	19		William Co.		
1	21d INJURY OCC	URRED	21e. PLACE OF INJUR		211 LOCATION	CITY OR TOWN	COUNTY STA	ATE
13	WHOLE NO AT	WHILE WORK	(AT HOME STREET, PACTO	RY, OFFR,E FARM, ETC.)	SINCE	(11) (01) (01)		
			il) attended the decease	ed from Fall	11. 10 80	10 Febr 1	8 . 19 86 that 11) (we	e) lost
	sow the dec	eased alive an	rec 1	8 1086	and that in (my) (aur) opinian		and hour and fram the causes stat	ed
	27s SIGNATURE	e) (did) (did nat)	view the bady after dea	ith.	DEGREE			-
	The story of the	The same of the	· m	1.	AA ATTENDING	MEDICAL STAFF	220. DATE SIGNED	101
	12	orgs	LILL	pung	PHYSICIAN [		18/	86
	22d PHYSICIAN'S	11	PRINT)	1 /1	27e ADDRESS	000000	may How	2.
	GEORG	SEV	M	OUNG	Kent and	Coonto	MA	
23	a. BURIAL, CREMATIC	ON, REMOVAL	23b DATE	23c. NAME OF	CEMETERY OR CREMATORY	234 TOCATION		
	Entombmen	-	2-21-86	Dulan	ey Valley	Cockeysvil	le, Balto., M	id.
-	-11 COMDINETT	L	7-71-00	Duran	ey_valley	LOCKEYS VII.	Le, Darw., P	IU.

DHMH - 16 60M 7/84 (VRA 15, 4)

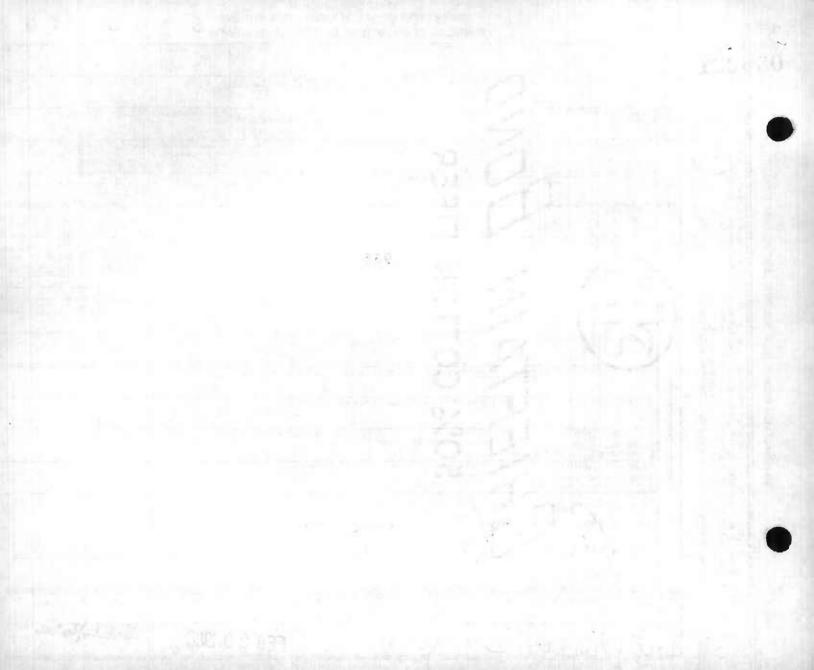
24 FUNERAL DIRECTOR ADDRESS 1050 York Rd.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

FOR Film G614 item 18-22a DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR 4/8/86 MEDICAL EXAMINER'S CERTIFICATE OF DEATH rja 20 DATE KNOWN DECEASED NAME 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Edward Danie Thompson /19 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 18/ white male DEAD 13/19 86 37 PM TO BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED . DIVORCED Maryland USA Kent County IR CITY OF TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Carpenter Chestertown Laborer Kent & Queen Anne's Hospital 13d INSIDE CITY LIMITS? 13e STREET ADDRESS SUGILERS VILLE. Md. COUNTY Sudlersville YES [ Rte 1 Bx 40 Marvland Oueen Anne 21668 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Geffrudex XXXXXXX Goodyear James Edward Thompson 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. RANSIT PERMIT, PAGES 1 Rte 216 54 9682 Jas. Edw. Thompson Viet Nahm Sudlersville, Yes 1R CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Diflunisal Vntoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES T NO 3 SHOULD BE UDEPARTMENT 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY F 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY OR TO UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Subject ingested Drug 21e PLACE OF INJURY (AT HOME 21 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK STATE Home Woodsedge Apartments Chestertown Md. Autapsy X 220 I certify that Took charge of the remains described above, held on Inspection Inquiry and in my apinion Natural couses Undetermined manner DATE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth. M.D TYPE OR PRINT 111 Penn St 236 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION COUNTY STATE Burial 2/18/86 Md. Veterans Cem Hurlock 2500 250. DATE REC'D BY REGISTRAN 24/FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Chestertown, Md.

STATE OF MARYLAND



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#### STATE OF MARYLAND DEPARTMENT OF HEA

H	AND	MENTAL	HYGIENE	
ATE	OF	DEATH		

REG. NO.	0	5	4-5	3	
REG NO					

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	2 . 0 1
DECEASED NAME FIRST (TYPE OR PRINT)  Esther	Virginia M	• Walters	2a DATE OF DEATH MONTH DA	YEAR 26 HOUR 3 PM
FEMALE	CAUC.	APR. 12, 1935	The first section of the first	UNDER I YEAR IF UNDER 24 HRS NIHS DAYS HOURS MIN.
76 BIRTHPLACE (STATE OF FOREIGN DELAWARE	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY O Kent County	F DEATH MD.
10. CITY OR TOWN OF DEATH  Chestertown	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET A Kent and Queen		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
"MARYLAND " KE	NT 134 NT PLAN	GTON 130 INSIDE CITY LIMITS?	13, STREET ADDRESS, ZIP CODE W. CYPRESS ST	2/4/21
AUSTIN	MELVIN	EVA EVA	MIDDLE	CHWATKA
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? IVE WAR OR DATES)  221-20-9	- O	PERS SR. husba	nd same
	DUE TO, OR AS A CONSEQUED  (c)  CONDITIONS CONTRIBUTING TO D	NCE OF SEATH BUT NOT RELATED TO THE TERM	(Mild)	N IN PART 1/0
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (	OPERATION WAS PERFORMED *	200 AUTOPSY? 20b. IF YES, IN CERTIFYI YES YES	WERE FINDINGS USED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DE CIF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE	HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM IS PAR CITY OR TOWN	COUNTY STATE
saw the deceased alive ar	n 19 119 119 119 119 119 119 119 119 119		, to, 19 death occurred an the date and haur c	that (I) (we) last and from the causes stated
22d PHYSICIAN'S NAME TYPE	P. B=Y	ATTENDING PHYSICIAN 2	MEDICAL STAFF DICAL CENTER, N	2/2/86 / £1651 IILLINGTON,
230 BURIAL, CREMATION, REMOVAL ISPECIFY) BURIAL	1 1	A LENA CEMETERY	CALENA KEI	MARÝĽAN

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT, IF hem 21 is

FELLOWS F. H. BOX 270 MILEUNGTON, MD 216 FEB 05 1986

Knindson Randell

MARK LAST 12 3801 2 0 837

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 041122 MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR MIDDLE DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) 2/1/86 ESTI-PRESTON STREET, PRESTON STREET, WHEAT ELWOOD RICHARD DEATH MATED 4 RACE 3. SEX DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. LIF LINDER 24 HRS DATE LAST BIRTHOAY) PRONOUNCED DEAD 1/86 9/9/1906 79 White YRS Male To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Kent Co. Md. WIDOWED DIVORCED Kent Co. B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY retired Worton 244 Farmer At home Box AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 21678 3a STATE 1136 COUNTY 13c CITY OR TOWN T34. INSIDE CITY LIMITS? RID YES [] NOSEX Box # Md. Kent Worton 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST Mary Elizabeth Bigelow William Henry Wheat 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR GATES) Box 200 34 9697 Grace worton, Md. 21678 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). USED AS A BURIAL - TIPANST FERMIT OF HEALTH AND MENTAL HYGIENE RIAL, CREMATION, OF REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Renal Failure IMMEDIATE CAUSE (o)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. Cardiovascular Disease Arteriosclerotic 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE WORD "PROCESSAND BE TO THE CHIEF THE CHIEF TO THE CHIEF THE C YES . NO P 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion deoth resulted from-Notural couses Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 2-3-86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Chestentrown Kent Co. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE STATE Chestertown, "Md. Chester Cemetery 2/5/86 Burial 750 PATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Chestertown, Md. who davidson Randall (VR A15 ME (5)) 20M 4/82

BP. (VRA 15, 4)

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR

236 DATE

26/86

230 BURIAL, CREMATION, REMOVAL

Cremation

Chestertown.

23c NAME OF CEMETERY OR CREMATORY

Silverbrook Crematory

23d LOCATION CITY OF TOWN

D.BY REGISTRAR 200 REGISTRAR'S SIGNATURE

COUNTY

YEAR

86

IF UNDER I YEAR

INDUSTRY

21

26 HOUR

126 KIND OF BUSINESS OR

LAST

micundos

11:40A

Wilmington, Del.

STATE

Desire the Macconstant

injury, or other trai

IMPORTANT: If Hem 21 is marked or Item 18 shows any

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

	Ma	Surds			
Ó	0	5	del	4	
REG. NO.				•	

	1-	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE & S	0 5	4 4	2
		EASED NAME FIRST	MIDDLE		IAST	20.01.12.01.02.11.1	MONTH DAY YEA		UR P.
	(TYPE	OLIVER	R. WRIGHT			Feb. 17,	1986	61/13	M
	3. SEX		4. RACE	5. DATE		6. AGE (IN YEARS LAST BIRT			R 24 HRS
		Male	white	Apr	1 1001	94	YRS.	AYS HOURS	MIN
			76 CITIZEN OF WHAT COUNTRY?	0		9 BALTIMORE CITY OF		н	
25	C	Maryland	USA	WIDOW	D NEVER MARRIED D	Kent			MD.
16	10 CIT		11. NAME OF HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATIO	WORKING LIFE) INDUS		
0	MANUA	hestertown	Magnolia Hal		rsing Gente	Superviso	or reret	Hone	
5	13a S	TATE 136 COUNTRY 1	13c. CITY OR TOW	N	YES 🔀 NO 🗌	ampus Av	ZIP CODE 7 e •	216	620
1	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	. MIDDLE		LAST	
	7	Millard Wr	right		Laura Ol	iver			
		AS DECEASED EVER IN U.S. AR		RITY NO.	17 INFORMANT	ADDRE			
	( )	ES, NO OR UNKNOWN) (IF YES, GIV	212 10 C	702	Durene La	rrimore =	Chester	town	Md.
			ily one couse per line for (a), (b), and	d icl	2d 45e			PROXIMATE INTE	ERVAL ID DEATH
H		PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) Complication to ASC VD						10	
		MAINTE COURT COURT OF THE COURT							
		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which (b)							
Н	1	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
		underlying couse lost	DOE TO, OR AS A CONSECUE	INCE OF					
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:00						RT 1co		
	NO O								
2	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATIO		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIT			
×	TE					YES NOW YES		NO NO	
^	CER	210 ACCIDENT WAS UNDERLYING		AV VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PAR	T 2)	
1		OR CONTRIBUTING CAUSE OF DEA		AY YEAR					
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	wn count	·v	STATE
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	214661	CITORIO			31416
	17		ital) attended the deceased from_				19 1986	, that (l)	(we) lost
	-11			6.0	nd that in (my) (our) opinion (	death accurred on the do	ate and hour and from	the couses s	stated
		22b. SIGNATURE	it) view the body offer death.		DEGREE		22¢. D	ATE SIGNED	0
			0251	MIK	ATTENDING A	MEDICAL STAR	F 2/	18/86	
		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	410	22e ADDRESS	OMECTON DITTOR			
		A, C Dick			Chesterto	wn, Md.			
	23a 8	URIAL, CREMATION, REMOVAL	. 23b. DATE 23c N	NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
		Burial		. Pa	ul's Hemete	ry Chest	ertown,	Md.	STATE
	24 F/	INERAL DIRECTOR,			25 TA		23 RED Wardon	- Adapte	Dia .
4		Frame Ullis	Us Ches	tert	own, Md	0 2 1 1000	1		5

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.